



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Thomas J. Bingel, et al.

Confirmation No.: 2844

Serial No.: 09/748,487

Group Art Unit: 2644

Filed: December 27, 2000

Examiner: Briney III, Walter F.

TKHR Docket No. 061607-1650

For: LINE SHARING MULTIPPOINT POTS
SPLITTER AMPLIFIER-BASED COUPLER

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RESPONSE TO FIRST OFFICE ACTION

Technology Center 2600

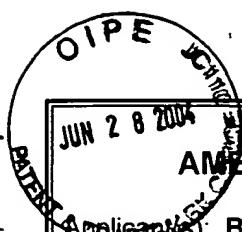
Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

The outstanding non-final Office Action mailed *March 31, 2004* (Paper No. 4) has been carefully considered. In response thereto, please enter the following amendments in which claims 1, 8, 9 and 10 are directly amended and claims 12-17 are added. Claims 1-17 are now pending in the present application. Reconsideration and allowance of the application and presently pending claims, as amended, are respectfully requested.

AUTHORIZATION TO DEBIT ACCOUNT

It is believed that no extensions of time or fees for net addition of claims are required, beyond those which may otherwise be provided for in documents accompanying this paper. However, in the event that additional extensions of time are necessary to allow consideration of this paper, such extensions are hereby petitioned under 37 C.F.R. § 1.136(a), and any fees required therefor (including fees for net addition of claims) are hereby authorized to be charged to deposit account no. 16-0255.



AMENDMENT TRANSMITTAL LETTER (LARGE)

Applicant(s): Bingel, et al.

Docket No.

061607-1650

Serial No.
09/748,487Filing Date
12/27/00Examiner
Briney, III, Walter F.Confirmation No.
2844Group Art Unit
2644

Invention: Line Sharing Multipoint Pots Splitter Amplifier-Based Coupler

Commissioner for Patents
Mail Stop Amendment
P.O. Box 1450
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Transmitted herewith is Response in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	17 -	20 =	0	X \$9.00	\$0.00
INDEP. CLAIMS	4 -	4 =	0	X \$43.00	\$0.00
Multiple Dependent Claims (check if applicable)				\$145.00	\$
EXTENSION FEE	1 ST MONTH <input type="checkbox"/> 55.00	2 ND MONTH <input type="checkbox"/> 210.00	3 RD MONTH <input type="checkbox"/> 475.00	4 TH MONTH <input type="checkbox"/> 740.00	\$
Other Fees:					\$
				TOTAL ADDITIONAL FEE FOR THIS AMENDMENT	\$0.00

No additional fee is required.
 Please charge Deposit Account No. _____ in the amount of _____.
 A check in the amount of _____ to cover the filing fee is enclosed. A duplicate copy of this page is enclosed.
 A Credit Card Payment Form PTO-2038 is attached in the amount of _____.
 The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.


Raymond W. Armentrout, Reg. No. 45,866

June 25, 2004

Date